

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 28 PM 5:14
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L01000007250

1. Limited Liability Company's Name

Pacesetters Financial Services LLC

2. Principal Office Address

100 E. LINTON Blvd

Suite, Apt. #, etc.

211B

City & State

Delray Bch, FL

Zip

33483

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

5/15/2000

6. FEI Number

65-1101527

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Sam Covington

Street Address (P.O. Box Number is Not Acceptable)

100 E. LINTON Blvd

Suite, Apt. #, Etc.

211B

City

Delray Beach

State

FL

Zip Code

33483

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Sam Covington

Date 10/10/03

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MEM	Sam Covington	100 E. LINTON Blvd Ste 211B	Delray Bch FL 33483

REINSTATEMENT 2003

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of
Managing Member/Manager

Sam Covington

Date 10/10/03

Daytime Phone # 561 266 5835

Typed or printed name of signing Managing Member/Manager

Sam Covington

CR2E041 (10/02)